

Amendments to the Claims:

This listing of claims will replace all prior versions and listings of claims in the application:

Listing of Claims

1-70. (Canceled)

71. (Previously Presented) A surgical spinal access system for receiving spinal instruments, comprising:

a retractor having:

a proximal end and a distal end, the proximal end having an access opening and the distal end sized for insertion into an incision in a patient, the retractor configured such that the access opening is positioned outside the patient during use,

the retractor being configured for an unexpanded configuration completely surrounding an access path during insertion into the incision, and an expanded configuration when located a surgical site in the patient,

the retractor when in the expanded configuration configured to expand to provide maximum exposure to a surgical site at the distal end,

the retractor having sufficient rigidity to retract tissue; and

an expander having first and second portions that engage the retractor to move the retractor from the unexpanded to the expanded configuration.

72. (Previously Presented) The surgical spinal access system of claim 71, wherein in the expanded configuration the distal end has a first dimension greater than a second dimension located at the proximal end of the retractor.

73. (Previously Presented) The surgical spinal access system of claim 71, wherein the distal end has a cross-sectional area greater than a cross-sectional area at the access opening at the proximal end of the retractor.

74. (Previously Presented) The surgical spinal access system of claim 71, wherein the retractor has first and second portions, the first portion having an access path with a constant diameter and the second portion being configured for movement from the unexpanded to the expanded configuration.

75. (Previously Presented) The surgical spinal access system of claim 71, wherein in the expanded configuration the distal end of the retractor completely surrounds an access path that provides access to the surgical site.

76. (Previously Presented) The surgical spinal access system of claim 71, wherein the distal end of the retractor is formed from a single piece of metal interconnected through a guide and a slot formed in the distal end.

77. (Previously Presented) The surgical spinal access system of claim 71, wherein the expander engages the distal end of the retractor.

78. (Withdrawn) A method of treating the spine of a patient, the method comprising the steps of:

providing a retractor comprising:

a proximal end and a distal end, the proximal end having an access opening and the distal end sized for insertion into an incision in the patient,

the retractor being configured for an unexpanded configuration completely surrounding an access path during insertion into the incision, and an expanded configuration when located a surgical site in the patient,

the retractor when in the expanded configuration configured to expand to provide maximum exposure to a surgical site at the distal end, and

the retractor having sufficient rigidity to retract tissue;

making an incision in the patient's skin;

introducing said retractor into the incision with said proximal end positioned outside the patient and said distal end placed at the surgical site;

providing an expander;

engaging the retractor with the expander;

moving the retractor from the unexpanded configuration to the expanded configuration;

passing one or more instruments through the retractor;

performing a surgical procedure through the retractor; and

removing the retractor from the incision in the patient.